

**Sacramento Housing and Redevelopment Agency
Sacramento Vacant Properties Program
Preferred Builder Application**

Development Team

Preferred Builder	
Address	
Phone	
Fax	
Cell	
Pager	
E-Mail	

General Contractor	
General Contractor License #	
Expiration Date	
Address	
Phone	
Fax	
Cell	
Pager	
E-Mail	

Other Team Member(s)	Include the information of the real estate broker or agent you use to sell your properties.
Role in Team	
Address	
Phone	
Fax	
Cell	
Pager	
E-Mail	

Attach additional sheets as necessary. ALL team members must be listed.

Development Experience

Summarize the experience of ALL Development Team members within the Sacramento area, including site addresses, type of construction, and construction dates. Experience in the rehabilitation and/or construction, and the sale of FIVE single family homes is required. Please indicate with an asterisk (*) all projects that have been completed (rehab or new construction; residential only) in the NSP Target Areas of the City of Sacramento and the County of Sacramento. Attach additional sheet if necessary.

Team Member	Address of Property	New const. or rehabilitation?	Type of Housing? (SFR, multi-family, etc.)	Start Date	End Date	Sale Date

References

Please provide reference contact information, including name and telephone number, for a minimum of two clients, two sub-contractors, two suppliers, and one financier who may be contacted by Agency staff. Identify which team member(s) the reference contact is familiar with. Please be sure to give reference contact information for all members of the Development Team. Attach additional sheets if necessary.

	Name	Phone Number	Whose Reference?
Client #1			
Client #2			
Client #3 (optional)			
Sub-contractor #1			
Sub-contractor #2			
Sub-contractor #3 (optional)			
Supplier #1			
Supplier #2			
Supplier #3 (optional)			
Financier #1			

Financial Information

Please provide the following information for review. Check appropriate box to indicate that it is attached.

<input type="checkbox"/>	Proof of ability to finance property acquisition and/or ability to hold and maintain property pending sale, i.e. line of credit from bank; bank statements showing liquid assets.
<input type="checkbox"/>	Two years of financial statements (2007, 2008), with Profit and Loss Statement, Balance Sheet
<input type="checkbox"/>	Two years of personal federal tax returns (2007, 2008*)
<input type="checkbox"/>	Two years of business federal tax returns (2007, 2008*)
<input type="checkbox"/>	Signed Authorization to Release Information Form (attached)

* 2008 return is preferred, but if not yet filed, 2006 return will be accepted

Acknowledgements

Please initial each box to indicate that you understand how developers will be qualified to participate in the Agency's Vacant Properties Program, how individual projects will be considered for funding, and other program requirements.

<input type="checkbox"/>	I understand that an incomplete application will not be considered.
<input type="checkbox"/>	I understand the Agency's insurance requirements, and OPA requirements.
<input type="checkbox"/>	I understand that being approved, or "qualified", to participate in this program is <u>not</u> a commitment of any Agency funds.
<input type="checkbox"/>	I understand that preferred builder interest in this program may exceed available funds, and that Agency staff will have the discretion to approve or deny proposed projects.
<input type="checkbox"/>	I understand that each proposed project will be reviewed and approved by Agency staff. Preferred Builders will be required to submit proof of site acquisition and project scope of work, including pest and hazmat reports, and proposed project budget in order to be considered for approval. The Agency will not approve or fund any projects that are under construction prior to submittal.
<input type="checkbox"/>	I understand that the Agency's and/or Redevelopment Area's design and construction requirements may exceed those of the City or County.
<input type="checkbox"/>	I understand that no developer fee will be paid unless the following conditions are met: <ul style="list-style-type: none"> ▪ Agency approves the project. ▪ All necessary Agency contracts or documents are completed and signed by both parties. ▪ Project is completed to the satisfaction of the Agency, within the approved budget, scope of work and timeline. ▪ Preferred Builder sells the completed home to an eligible buyer (owner-occupant) at an allowable price, as described in the Vacant Properties Program Fact Sheet.
<input type="checkbox"/>	I understand that I must comply with M/WBE and prevailing wage requirements.
<input type="checkbox"/>	I understand that the Vacant Properties Program is intended to address scattered REO properties within the boundaries of the NSP Target Areas of the City of Sacramento and the County of Sacramento. It is not intended to assist in the development of subdivisions or any projects other than detached, single-family residential.

	I understand that the Vacant Properties Program is not intended to be used in conjunction with other Agency development financing programs.
	I understand that each project will be evaluated individually, and that approval of one project from a Development Team does not ensure approval of another by the same Team.
	I understand that it is the Developer's responsibility to market the completed home for sale and find an eligible buyer to purchase the home.

By signing this Preferred Builder Application, I acknowledge that I have read and understand my obligations under the Sacramento Vacant Properties Program.

Signature

Date

Authorization to Release Information Form

I hereby authorize the Sacramento Housing and Redevelopment Agency (SHRA) to make written inquiry relating to any information necessary to determine my eligibility for financing assistance.

Any information obtained by Sacramento Housing and Redevelopment Agency will be used solely for the purpose of assisting me in obtaining financing offered by SHRA.

I understand that the information provided will be kept strictly confidential and that this authorization will be in effect for 12 months from the following date.

Signature of Applicant

Date: _____

Name of Applicant (Printed)

Date of Birth

Social Security Number

Residence Address:

Previous Residence Address:

Street

Street

City, State Zip

City, State Zip

Name of Business or Corporation

Business Address:

Street

City State Zip